

DOCUMENT # N95000003943

1. Entity Name
AMERICAN
MERCHANT MARINE
VETERANS: ST. JOHN'S RIVER
CHAPTER, INC.

Principal Place of Business
 8051 Lakeland St.
 Jacksonville, FL 32221

Mailing Address
ST. JOHNS RIVER AMMV CHAPTER
P. O. BOX 6625
JACKSONVILLE, FLORIDA
32236-6625

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 6625
 Suite, Apt. #, etc.

City & State
 Jacksonville, FL

Zip
 32236-6625

Country
 USA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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 *****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Herbert Furman

Street Address (P.O. Box Number is Not Acceptable)
 8051 Lakeland St.

City
 Jacksonville

FL

Zip Code
 32221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Herbert Furman *Herbert Furman* 12/9/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCEO/VP	<input checked="" type="checkbox"/> Delete	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKHART, JOHN M		NAME FURMAN, HERBERT	
STREET ADDRESS 1002 ACOSTA ST.		STREET ADDRESS 8051 LAKELAND ST.	
CITY-ST-ZIP JACKSONVILLE, FL 32204		CITY-ST-ZIP JACKSONVILLE, FL 32221	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, EDITH		NAME HARRIS, CHARLES	
STREET ADDRESS 610-SE LAKEVIEW DR.		STREET ADDRESS RT. 3, BOX 172-3	
CITY-ST-ZIP KEYSTONE HEIGHT, FL 32656		CITY-ST-ZIP GREENVILLE, FL 32331	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, CHARLES		NAME SIMMS, JOHN E.	
STREET ADDRESS RT 3, BOX 172-3		STREET ADDRESS 1071 EDGEWOOD AVE. S., APT. 201	
CITY-ST-ZIP GREENVILLE, FL		CITY-ST-ZIP JACKSONVILLE, FL 32205	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME ELLISON, L.E.	
STREET ADDRESS		STREET ADDRESS 1672 MISTY LAKE DR.	
CITY-ST-ZIP		CITY-ST-ZIP ORANGE PARK, FL 32073	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME BAHMANN, FRANK	
STREET ADDRESS		STREET ADDRESS 19113 60th PLACE - A	
CITY-ST-ZIP		CITY-ST-ZIP LIVE OAK, FL 32060	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Bahmann* Frank Bahmann, (T) 12/9/00 904/362-6755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

(2)

N95000003943

December 11, 2000

Sean Toner
Senior Section Administrator
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Personal and Confidential

Ref Number: N95000003943
American Merchant Marine Veterans:
St. John's River Chapter, Inc.

Dear Sean:

Thank you for your personal attention to our matter of renewing our corporation without paying a reinstatement fee.

We believe that we have filled out the form correctly, and that this should not be a problem in the future.

Your kindness is truly appreciated; our group thanks you and wishes you a happy holiday season.

Sincerely,



Frank Bahmann, Treasurer
American Merchant Marine Veterans:
St. John's River Chapter
19113 60th Place A
Live Oak, FL 32060